

MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/516833

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4	/						54	/					
5		/					55	/					
6	/						56						
7		/					57						
8	/						58						
9		/					59						
10	/						60						
11		/					61						
12	/						62						
13		/					63						
14		/					64						
15	/						65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20	/						70						
21		/					71						
22	/						72						
23		/					73						
24	/						74						
25		/					75						
26		/					76						
27	/						77						
28		/					78						
29	/						79						
30		/					80						
31	/						81						
32		/					82						
33	/						83						
34		/					84						
35	/						85						
36		/					86						
37	/						87						
38		/					88						
39	/						89						
40		/					90						
41	/						91						
42		/					92						
43	/						93						
44		/					94						
45	/						95						
46		/					96						
47	/						97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	3					
TOTAL CLAIMS							TOTAL CLAIMS	55					